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and the patients are satisfied, I really do not see why people should pay the higher fee at the General Hospital. But if the patients think that it is worth while to pay the higher fee and go to the General Hospital, they go there not as patients of the hospital but as patients who want to secure the services of the radiologist, who treats them not in his capacity as Government servant but as a person allowed to practice like any other practitioner, and he does the work in the premises of the hospital because it would be difficult for him to carry the necessary outfit outside the hospital. It is really his practice. (Mr. Harisarvottama Rao :—No student of logic will understand this.) (The hon. Mr. Muthiah Mudaliyar :—I am unable to teach logic here.) It is really not part of the fees received by the Government hospitals that is being given to him. Government thought that it was really private practice in which Government materials were used. They thought that in certain cases 25 per cent was a reasonable fee and 50 per cent reasonable in other cases.

"If the idea of the hon. Members of this House is that it is a high percentage or that there ought to be a revision of these things, I may say that I do agree that the matter does require reconsideration. It may be that what obtained and what was considered proper 15 or 20 years ago may not be altogether proper now. These are things which do require consideration. And, as I said already these matters require reconsideration. If hon. Members want it, it will be reconsidered. But if hon. Members insist upon saying that everything that is being done is wrong, I cannot agree. If the proposition is that the matter should be considered, the Government are willing to consider it." 1-30 p.m.

* The hon. the DEPUTY PRESIDENT :—"It being 1-30 p.m. . . . (Cries of 'Closure' from the Opposition benches.) Is it agreed that closure may be applied now? (After a pause.) I will put the closure motion to the House."

The resolution for closure was put and carried.

* The hon. the DEPUTY PRESIDENT :—"The question before the House is this :

'That this Council recommends to the Government that all fees received from paying patients in State hospitals be credited in full to the Government.'

The resolution was put and carried.

The following resolution which stood in the name of Mr. S. Subrahmanya Moopanar, was deemed to have been withdrawn, as the Member was not in his seat :—

'This Council recommends to the Government that the appointment of all the Honorary Magistrates shall be by election and not by nomination as at present.'

The House then adjourned for lunch.

After Lunch (2-30 p.m.)

V

ADJOURNMENT MOTION *re* DEATHS UNDER CHLOROFORM IN THE GENERAL HOSPITAL

The hon. the PRESIDENT :—"The House will now take up the adjournment motion of Dr. Mallayya."

* Dr. B. S. Mallayya :—"Mr. President, Sir, under Standing Order No. 20, I beg to move the adjournment of the business of the House for the purpose of considering a matter of urgent public importance, viz., the increased frequency of deaths under chloroform of late in the General Hospital, Madras.

"Sir, my object in moving this motion is not to create any panic in the city; but, on the other hand, it is intended to allay the alarming rumours that are already spreading in the city about these deaths in the General Hospital. The first among these rumours is that the hospital authorities in the course of their operations for digging out the foundations for remodelling the General Hospital have desecrated the small temple dedicated to the deity called Muneeswaran in the hospital compound and that the deity in retaliation was having revenge on the poor patients in the hospital. The death of an old syce from an overdose of chloral and the mysterious demise of a little boy in the hospital lift are attributed by the public to this cause. After these deaths, the deity seems to have gone to the vicinity of the Law College and caused the death of a string of five persons at the Law College Pumping station from sewer gas poisoning. All these deaths are attributed by the ignorant public to the action of the hospital authorities. Sir, these deaths were followed later on by some more on the table under chloroform in the General Hospital and the public version of it is that these are human sacrifices for the foundation of the new building in the hospital. There were similar rumours when the Napier bridge was being constructed, and there was a scare in the city that children were being kidnapped for burial under the bridge. We know that these are idle rumours, but then the ignorant public think otherwise.

"Sir, it cannot be denied that recently there have been an unusually large number of deaths in the General Hospital. A few of them are unavoidable; but, Sir, with care and skill on the part of anæsthetists, some could have been avoided. From the year 1900 to 1924, the anæsthetists of the General Hospital were senior men with considerable experience and professional skill. When an anæsthetist completed his term of 7 or 8 years in the main theatre, he was made assistant to the first surgeon and a new man with experience was appointed to take his place as chloroformist. Thus there were always two experienced men available for chloroforming and there was no room for inexperienced men trying to give chloroform to the patients. The advantage of that system was that, during a period of 18 years when I was connected with the institution, deaths were few and far between and I came across only one death. It was that of a medical student by name Veerappa Chetti in 1917. Since 1925, there seems to have been a series of changes of chloroformists. Old and experienced men seem to have been sent away and new men brought in. I am told that there were two changes within one year. Since inexperienced men came in, the number of deaths increased. From the figures supplied by the Government, I find that the number of deaths in 1926 and 1927 were 4 each per year. The Government say that they have no information for the previous years. Evidently, there were no deaths at all, and therefore it is that this answer is given. If there had been deaths, the information would have been available to the hospital authorities and to the public. There have been eight deaths up to August 1928. When I made this statement on Wednesday, I was misunderstood

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by the hon. Minister, and he asked me whether I was correct in my information. As this is a controversial question, I will give some details about these cases for the information of this hon. House and for verification by the Minister.

"The first case that came to my notice during the year was in February. It was a case of tumour of the maxillary antrum operated by the new Specialist for Nose and Throat brought down from England, and Doctor James was, if I remember right, the surgeon who assisted him. I think Doctor Viswanath was the man who gave the chloroform. At any rate, he is a junior man. That is the point I want to impress on the mind of the hon. the Minister for Public Health. They were going on operating the patient. The patient stopped breathing and yet they went on with their operation until the House Surgeon, Doctor Acharya from Bezwada, brought to their notice the fact that the patient was dead.

"The next case was in March. The name of the patient was one Natesa Ayyar. This unfortunate man consulted me. I advised him to go to the General Hospital. He is a native of Mayavaram probably known to the hon. Minister. The operation was done skilfully, and I have no complaint against the surgeon. The mistake was that of the chloroformist. The operation was for elephantiasis of the scrotum. This patient also died on the table. (The hon. Mr. S. Muthiah Mudaliyar: When was it?) It was in March last. You must give me information, instead of taking it from me. I requested you to give me the information."

* The hon. the PRESIDENT:—"The hon. Member is requested to address the Chair."

* Dr. B. S. MALLAYYA:—"I am sorry, Sir. I will do so. I did make a request and repeated the same all these days to have a look at the case sheets. I was denied it.

"Now, Sir, the third case concerns the death of a Parsi gentleman named Mr. Olpadwallah."

The hon. Mr. S. MUTHIAH MUDALIYAR:—"If the hon. Member had asked for the case sheets at the time of moving the adjournment motion, I would have given him. He could have been given free access to it."

* The hon. the PRESIDENT:—"The hon. Minister has no objection to have the case sheets ready."

* Dr. B. S. MALLAYYA:—"After the debate?"

* The hon. the PRESIDENT:—"During the debate."

* Dr. B. S. MALLAYYA:—"My information is quite sufficient for the purpose. I was myself in the General Hospital, and I can get information as to the happenings there.

"As I was saying, this patient was a relation of the Manager of the Wellington Cinema. He was in the charge of the Second Surgeon.

"He was quite a young man of 21 or 22—I forget what it is—but the Government can find it out themselves. He was operated on for appendicitis, but unfortunately the man died from the effects of chloroform. That is my information. I do not think it is denied also. 2-45 p.m.

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" The fourth case was a case of enlarged glands in the neck operated on by the present Third Surgeon, then an Assistant to the Second Surgeon. The patient died on the table.

" The next of the series was on the 13th of August, a Muhammadan, whose name I could not trace as the Minister will not send for his case sheet in spite of my repeated requests. It was a case of duodenal ulcer in charge of the First Surgeon, and the man died on the table before the surgeon handled the knife.

"The sixth case was on the 14th August, a patient from the Indian Officers' quarters under the charge of the Second Surgeon for gall stones. He was stone dead in ten minutes after the commencement of chloroforming, before the surgeon could make any attempt to remove the stones from his bladder. I am told he was sent to the cold storage to be operated on by the Fourth Surgeon next morning in the mortuary without any chloroform.

" The seventh case was on the 15th August. It was a case of large irreducible hernia from the Andhra country in charge of the First Surgeon—a difficult operation which was skilfully done, but the poor man stopped breathing before the final stitches were put in, and refused to breath again and was despatched to the mortuary.

" The eighth case was on the 16th August, and it is a rather miraculous case. It is a case of fistula-in-ano in charge of the Third Surgeon. It is quite a simple operation, but, before the operation begins, at the very commencement, within six minutes of chloroforming, respiration stops and the heart ceases to beat. With commendable promptitude an injection of adrenalin chlorade is made directly into the heart muscle through the chest wall, and artificial respiration is started. There is a magnificent and grateful response. Both the lungs and the heart start work again, and the man is restored to life after temporary death. He goes to his bed with the operation not completed and three days later on he is operated again under local anæsthesis.

" The ninth case was on the 30th August—one Prasad Lal from Northern India meets with an accident in the Central Station and brought by P.C. No 674 to the Out-patient ward at 7-15 a.m. A chit was sent to the Resident Medical Officer, and orders were received to take him to the theatre for operation. The patient was in his full sense, and handed over the purse containing eleven rupees and odd to the Duty Assistant Surgeon with a request to send a wire to his relatives in Northern India to come down immediately. I am yet to know whether his request was complied with. It is not known when this chit reached the Resident Medical Officer. Evidently they wanted to amputate the thigh. But before the operation was sufficiently advanced, the man collapsed. The femoral artery was tied, and before the surgeon could proceed further the patient collapsed. The operation was given up, and the patient was carried downstairs where he died soon after. It was not a death on the table in the theatre, but it was a death on the ward down.

" I have given you sufficient number of cases to prove that there has been a series of accidents. I do not say these accidents were caused wilfully or negligently. What I maintain is that many of these accidents are avoidable provided sufficient care is taken and proper men are put in charge of chloroform administration. My object in raising this debate is to see that

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the General Hospital, which was once raised to the highest pitch of efficiency by that great man Major-General Giffard, maintains its 30-year old tradition of being the best in the East. All these troubles would not have arisen, if able and skilful men with sufficient experience had been put in charge of administering chloroform. Sir, when I tabled a question on the steps taken by the Government to prevent accidents in the General Hospital under chloroform, the answer given to me was, 'if the hon. Member for Madras City had any suggestion to make, that would be considered by the Government.' I should like to know from the hon. Minister if Government have not got a sufficient number of experts to give them suggestions. Should they rely on my suggestions alone? Is it not fair for them to attempt to rectify the defects? They are spending lakhs and lakhs of rupees on buildings. Is it not incumbent on their part to get first-rate officers and keep them for public safety? If I remember right, it was Major-General Giffard who said, 'If you want a successful surgical section, you must have everything that is best and you must also have harmonious co-operation, harmonious team work,' as he then called it. Are you having it now there in the General Hospital? The treatment meted out to the surgeons who are in charge of chloroform administration is very very unsatisfactory, with the result that no man cares to remain there for a long time. As to how to improve the treatment given to these surgeons, I shall deal with it later on. But I shall enumerate certain conditions that are essential for the successful working and also for the elimination of the accidents on the surgical side. The first thing is that you must have a skilful surgeon. Well, the First Surgeon that we have at present is the best surgeon on this side of Southern India. The First Surgeon is a Master of Surgery of the London University. I have no complaint against him or his work. He is also quite sympathetic towards the patients and students. The Second Surgeon, a Fellow of the Royal College of Surgeons in England (F.R.C.S.), an Indian with considerable experience, is also doing very good work, but he is handicapped for want of proper assistants. The third man who was recently appointed is a man whom I know for the last twenty years, and he can be relied on to do good and successful work on the surgical side. But the difficulty comes in when you come to the administration of chloroform. There are rumours about the chloroform being useless, that the chloroform received from the Medical Stores was old and stale, and danger signals were sounded, that the bottles of chloroform received from the Medical Stores could not be relied upon, and that it was not the right sort of chloroform. The Government wanted to effect economy, and therefore they resorted to getting chloroform from Medical Stores which was of an inferior variety. I make these statements for what they are worth. I have not verified the truth of these statements. I am only relating the thing as it was told to me. I was told they were not getting the chloroform manufactured by the British Firm, Duncan and Plocart (British Ethylic Alcohol), which was considered to be the best, but that they were importing an inferior variety from Germany because it was cheaper. Samples of these chloroforms have been sent to the Chemical Examiner for analysis, and what are the results of his examination I have not been informed.

"Coming to senior men with experience, we will find that only very few stay in the General Hospital for a long time. If junior men with insufficient

experience had not been put in charge of these chloroform administrations, these accidents would not have arisen. From my experience, I find that only men who have recently passed their examinations, and who have not yet been made permanent in the service, have been put in charge of these operations. So, I will request the Government to ascertain and see that all complaints about chloroform operations are removed. I should like to know whether the hon. Minister is in possession of fuller information. So, if the Government were to get a man from England of the rank of a Commissioned Medical Officer with a salary of Rs. 1,000—1,500, and is put in charge of Anæsthetist section, or if we bring a man from the Continent, say, from Berlin Hospital, and he is put in charge of this section, these accidents could very well be avoided.

3 p.m. "He will not only be useful in saving patients from untimely death on the table but also for training our own students and bringing them up to the mark. Complaints about this matter seem to have been made by the Superintendent of the Vizagapatam Medical College, Major Anderson, that the chloroformist is not very satisfactory. Complaints seem to have been made by Dr. James, some time back, Third Surgeon of the General Hospital, about the unsatisfactory nature of the chloroformist. For more than eight months or a year the Government have not taken any step to rectify the defect pointed out by them. With a careful chloroformist and a good surgeon, there should be no deaths at all, at any rate, quite a negligible number inherent in such cases. Under the conditions existing at present, every means has been devised to eliminate all kinds of risks. Steps are not taken to carry out the directions laid down in the chart which the Superintendent has maintained in the hospital. I am told that the chart says that the operating surgeon should examine the patient 15 minutes before the operation is taken up. Every precaution has to be taken. The agents that carry out those precautions are not up to the mark, and hence accidents occur. It is also said that the system of giving chloroform has undergone a change. I am told, Sir, that the surgeons there come a bit late, remain in their office downstairs, and send word to their assistants to start giving chloroform and that they would be coming up. That is a fact related to me. I cannot be responsible for the accuracy of that fact. I give the information for what it is worth. That is a pernicious habit. Sir, if a man is going to be operated upon during the days of Major Giffard, it was a habit that the anæsthetists should be in the presence of the surgeon from the commencement till the Surgeon came out. To economize time owing to pressure of work, when the Surgeon is just finishing a case, word is sent to get some other patient ready."

* The hon. the PRESIDENT :—" I do not think the hon. Member will be justified in making statements without himself taking the responsibility for them. It will not be to the benefit of the House. The Government also will not be in a position to take action unless the hon. Member takes the responsibility for the accuracy of these statements."

* Dr. B. S. MALLAYYA :—" This information was furnished to me."

* The hon. the PRESIDENT :—" Has the hon. Member communicated this information to the Government ?"

* Dr. B. S. MALLAYYA :—" I am doing it now."

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* The hon. the PRESIDENT :—" This is not the time."

* Dr. B. S. MALLAYYA :—" I know that patients are not chloroformed in the immediate presence of the operator. They are put under and brought up in order to economise the time of the Surgeon. There is the risk of the patient receiving an extra dose of chloroform. The method of administering chloroform has been changed, open mouth instead of old junkers. I am also told that House Surgeons are often asked to administer chloroform independently. These men without experience may succeed in a majority of cases, but the patient may die by chance. I should think that the Government are undertaking serious responsibility in entrusting these important cases to these men.

" Sir, coming to the end, I shall put my suggestions briefly. I would request the hon. Minister to entertain immediately two men, experts on chloroform, either selected here or recruited from anywhere else as he likes. They must be experts who have undergone training in anæsthetics in London hospitals and in the continent for six months. Their status must be equal to that of the operating Surgeons—I do not mean to say to that of the Superintendent. They must have a certain amount of independence. It sometimes happens that the Surgeon who is operating says 'go on, pump more.' The chloroformist must give chloroform according to the state of the patient and not according to the temper of the Surgeon. He must be able to resist the temptation. For that purpose the chloroformists must have a certain amount of independence and status. It is also highly desirable that the relations between the anæsthetist and the operating Surgeon must be always amicable."

Mr. G. HARISARVOTTAMA RAO :—" Mr. President, Sir, I rise to second this motion. I am not an expert; I am not a doctor, and I do not pretend to speak with authority on matters technical. But, from the cases which the proposer has narrated, it is evident that there is something very seriously wrong with the establishment that gives chloroform. I have therefore no hesitation in seconding this motion and in asking the hon. the Minister in charge of this department through you, Mr. President, that matters in this connexion have to be carefully looked into by him in order that public men may not suffer at the hands of men who have no experience. In short the administration of the Medical department in this city would be condemned, if this state of affairs are allowed to last any longer. The fact that the Government resisted giving information when such charges were made either in the form of interpellations or otherwise shows that the bureaucratic spirit has entered into the responsible Ministry, which holds the destinies of this Presidency in its hands, so far as the Transferred subjects are concerned. I wish that the Ministers realized that they were responsible to the House; they were not merely Members of the Government; they were also representatives of the people and every opportunity must be given to the Members of this House to know exactly details of administration they are carrying on."

* The hon. the PRESIDENT :—" Instead of dilating on the duties of the hon. Minister, the hon. Member would be more in order if he confines his remarks to the adjournment motion."

Mr. G. HARISARVOTTAMA RAO :—" I was merely trying, Mr. President, to point out the fact that my hon. Friend, Mr. Mallayya, who moved this motion was under a very great disadvantage since information was not forth-

coming sufficiently from the Government benches, and I was deprecating that attitude of the Government in public interests. I have therefore no hesitation in requesting the hon. Minister to accept this adjournment motion and to redress the grievances set forth in the motion."

Mr. S. ARPUDASWAMI UDAYAR :—" Mr. President, Sir, I very much admire my hon. Friend, Mr. Mallayya, in trying to promote the efficiency of the Medical Department and the efficiency of the departmental staff. Very often he has given us the benefit of his vast knowledge and experience in medical matters. He has brought forward this adjournment motion, and I think it is evidently with a view to still further promote the efficiency in all the hospitals in this city. However, Sir, to me a layman it seems that the very object he is deprecating, viz., undergoing operation under chloroform, will create fear in the hearts of the public. That will be the just one result of this discussion in the Council. Twenty years ago, I know by experience that hundreds of people avoided operation under chloroform; they had a little horror for it; they thought that if they subjected themselves to that kind of operation they were sure to meet with instantaneous death. But the skilful way in which operations have been conducted even in private hospitals and in local board hospitals under chloroform and the success that has attended such operations even when they were performed by Assistant Surgeons and Licensed Medical Practitioners, have a great deal of effect in dispelling that kind of suspicion which people had. Of late I find that a large number of people, with very few exceptions here and there, submit themselves to this kind of treatment under chloroform. Now, so many points were raised, and so many specific instances were adduced by my hon. Friend that I fear that to-morrow all the papers will publish this news; they will also find a place in the vernacular dailies, and the impression will be created that there is something radically rotten, and that even in the best hospitals of the city there have been deaths caused by carelessness of men who administer chloroform; the result would be scaring away a large number of people, and I do not know how long it will take to make the people not to have that kind of false fear and to submit themselves to operation under chloroform. If my hon. Friend had stated the case even ten times more stronger in private meetings of professional experts, certainly his criticisms would have done very great good. I think my hon. Friend has not made that careful distinction. For instance, I know that the cases that are brought to the hospitals in Madras are in 99 cases most hopeless or cases which require perhaps strong and skilful medical treatment. Once I had an occasion to consult a surgeon in the General Hospital regarding operation to one of my relations. For a whole month that surgeon hesitated to perform the operation because that patient was a little diabetic. When the patient implored him many times to have him operated upon, it was done, and it was a success.

3-15 p.m. " As my hon. Friend told the House, all the surgeons employed there are very skilled men, and people both here and in the mufassal have certainly very great confidence in them. I do not like to go into details, nor do I like to give the names here; but as a layman myself, I may assure hon. Members of this House that the people have got very great confidence in those surgeons. But, at the same time, we should note that the mistake was not theirs; it was made by people who were there to assist them, to administer chloroform; the negligence should not be attributed, in my opinion at any

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rate, to the skilled surgeons there who were on the spot, who were doing the operations, who were all attention at that time, and who knew what was going on in their own hospital. How can they be blamed for this kind of negligence and for having employed men who were not sufficiently experienced in this kind of work? If there have been deaths, well, they are everywhere. Even in the best hospitals of Europe you have deaths; if there are deaths, they must be because the cases were very very bad, and the men on the spot were only human instruments to help those few patients who survived. Therefore, because there have been a few cases of death, I do not think we will be justified in jumping to the conclusion that there is something rotten in the State of Denmark. There can be nothing rotten there, especially as the staff employed there consists of men with four or five years' practical training. Only picked men from those who have undergone sufficient training are employed in that hospital. How can any one of these men be guilty of negligence? How can they be allowed to be careless, I ask, under the watchful eyes of the skilled surgeons? It must be a mystery. I therefore think that my hon. Friend in trying not to create a scare is actually creating a terrible scare which it will take perhaps months and years for us to allay. He has not made a careful examination of the whole affair. The fullest information is not available precisely for the reason that it is not possible for any skilled surgeon with mathematical accuracy to say that a death occurred as a result of bad administration of chloroform. All these considerations have to be taken into account, and certainly one cannot be infallible in his judgments on this matter. Therefore, Sir, although I do admit that my friend's intention is noble and honourable, that he is trying his very best for more efficiency, still, considering the cases that have been dealt with and the arguments that have been advanced, whatever may be said in favour of such criticisms as those of a professional gentleman, one having a knowledge of these things, still there is room—even he admitted that he had not got sufficient information, that he had no direct acquaintance with these facts and that he gathered what little information he had from various sources—to think that these things do not warrant such a profound discussion on such a matter as this, which will only create a very great scare among the people."

Mr. P. ANJANEYULU:—" Mr. President, Sir, I am glad to see that my hon. Friend from Trichinopoly has always got a soft heart for the Government, that he is the peace-maker, he is the advocate and the apologist of the Government. He was advancing arguments in a vicious circle. The terms of the resolution are: 'The increased frequency of deaths of late on the table under chloroform in the General Hospital.' This is very clear. I am equally a layman as the hon. Member from Trichinopoly is; but, even in the case of the best doctors, a patient's death on the table never counts to his credit. Chloroform, as I understand it and as doctors tell us, is given to the patient only after some test to see that the patient is fit to be given that and that he is fit to undergo the operation, unless it is a case of an alternative between death by chloroform and operation, and death otherwise, and unless it is an emergent case. The motion says, 'increased frequency of deaths.' The Government ought to have known that there is this increased frequency of deaths. My friend on behalf of the Government stated that 'we cannot accept it.' I do not know whether he speaks on behalf of the Government, or on behalf of the House, or on behalf of himself. He said: 'We

cannot accept these statements which the mover culled from reports and from some personal knowledge and other indirect information.' That is all that a non-official Member can do, and I think we should all be thankful to Dr. Mallayya for having furnished us with information which ought to have been furnished by the Government, which the hon. the Minister for Public Health ought to have taken care to furnish us. Unfortunately, the hon. the Minister elsewhere told us this morning that he had no information on the subject. This frequency of deaths . . ."

* The hon. Mr. S. MUTHIAH MUDALIYAR :—" As a matter of personal explanation, Sir. The hon. Member referred to some case this morning and stated that I said I had no information on this matter. I shall be obliged if he can remind me about it."

Mr. P. ANJANEYULU :—" It was in connexion with a question on this subject yesterday."

* The hon. Mr. S. MUTHIAH MUDALIYAR :—" Yesterday, Sir, when the hon. Member from Madras made the statement that there had been recently eight deaths under chloroform in the General Hospital, I was staggered, and without knowing definitely about it, I did not wish to deny it. That is why I said I had no information about that statement."

Mr. P. ANJANEYULU :—" I thank him, Sir. I made no other statement than that he said that he had no information. I make no other allegation against the hon. Minister. I only said that if he had no information on a matter like this, being in charge of the department, I should be sorry. The hon. Member from Trichinopoly stated that all deaths under chloroform could not be traced to the Surgeons in charge ; as a matter of fact, the hon. Mover never charged any one of the Surgeons there. He said, on the other hand, that they were all very capable men, and that the only thing was the Surgeons were not properly assisted, that there was no co-ordination of work between the capable Surgeons and the junior officers working under them who have to administer the chloroform. He also told us that administering chloroform required a certain amount of experience, and that only senior men ought to be in charge of that. He further told us that men who were merely juniors and who had no independence of their own, might play to the temper of the Surgeon and not act with reference to the need of the case, and that therefore he might be tempted to give an overdose of chloroform and thus most unintentionally cause the death of patients in a few cases. Under these circumstances, it is up to the Government to investigate into the matter and see how far these allegations are correct or otherwise, especially to get information where they have no information. I think it is up to the Government, in the interests of the public health of this Presidency and in the interests of the good name of the General Hospital which it has been enjoying for a long time now—and which seems to be going down recently—and in the interests of the Medical department and of the lives of many people who go to the Hospital, to take the advice given by Dr. Mallayya in the spirit in which it ought to be taken and not to take everything with a grain of salt, when it comes from the Opposition Benches. With these words, Sir, I appeal, through you, to the hon. Minister to investigate into the matter and bring that reputation back to the General Hospital which it once enjoyed."

* Mr. P. BHAKTAVATSULU NAYUDU :—" Mr. President, Sir, the speech from the hon. Member from Trichinopoly has inspired me to say a few

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words. It has caused me great surprise that it has come from a gentleman of such mature experience and an educationist of such long standing as he is. I am sorry he has entirely mistaken the object and aim and the wish of the hon. the Mover of this motion. Dr. Mallayya in his opening speech has clearly said that he has no intention to create a scare in the city; but my hon. Friend down there has stated that the discussion will only serve to create a scare. I wonder how else could these things be brought to the notice of such a callous and apathetic Government as we are having at present. He suggested that these things could be talked over at a round table conference. We have sufficient experience of round table conferences. Is it possible, Sir, under this Government, that anything can be discussed in a conference, as he suggests? We have cried hoarse and cried in the wilderness for a round table conference on a very vital and important matter concerning the future of our country. The other day, after 5-30 p.m. the proceedings were made to go on, and the motion of appointing a committee against the wish of the country at large was passed; and yet the hon. Member now comes forward with such optimism saying that it is quite sufficient if we have a round table conference, to ventilate our grievances. I really wonder how it can have the desired effect. If the public to-morrow knows that the Government are really going to take immediate steps to see that experienced chloroformists are going to be appointed, or if the Government to-morrow issue a communiqué saying that they are going to adopt efficient methods and to take immediate steps to avoid any scare among the people, there the solution is for the difficulty experienced by my friend down there.

"My hon. Friend also stated, Sir, that these were not due to the negligence of the Surgeons and their carelessness. So far as I have heard carefully the speech of the hon. the Mover, he never mentioned that they were due to the negligence of the Surgeons; on the other hand, he praised the Surgeons very much and said that they were all very able men. His complaint was—and we have got to give him some credit doctor as he is, with a very great standing and experience in this city—that they were all due to inexperienced chloroformists or junior officers in charge of chloroform administration. He never attributed at all any such thing as negligence or carelessness on the part of the Surgeons. So, there also, the hon. Member from Trichinopoly has not properly understood my friend the Mover. Mr. Arpudaswami Udayar also stated that no direct or positive information was available to my friend Dr. Mallayya and that therefore no importance could be attached to his statement. How is it possible, Sir, for Members of this House to get direct and positive information? It is impossible under the conditions under which the present Government are working. Nobody can be expected to get any information from the steel-frame working of this Government. It is only such information that we as public men could get from various sources as could be ventilated here in this House, if there is to be any redress at all; and it is for the Government to say whether such information is correct or not. If there should be such optimists here holding brief for the Government in season and out of season, coming as apologists for them and saying that these things should not be done this way and that way, then I ask, where is the solution for the grievances, where is the redress? So, I cordially support this proposition, and request the Government that they will, in all right earnest, take immediate steps to look into the reasons for such a motion as this being brought forward in this House by no less a person than Dr. Mallayya who is an experienced doctor himself."

3-30 p.m. * Diwan Bahadur R. N. AROGYASWAMI MUDALIYAR :—" Mr. President, it seems to me that the matter is perfectly simple. We learnt from the answers given in this House this morning that there have been deaths due to chloroform, and it has also been admitted by Government that there have been frequent transfers of these chloroformists. It seems to me that what is required is that Government should pick out some assistant surgeons and get them trained for the work instead of shifting them often. I think if this is done these deaths could easily be avoided. I do not think my hon. Friend from Trichinopoly need have taken the trouble to act as an apologist for Government ('Hear, hear'). His remarks were largely irrelevant. I think the remedy is perfectly clear, and I hope that the Government will act up to the suggestion made that some assistant surgeons should be trained and kept on to this work as long as possible so as to avoid the frequent deaths that have been admitted by Government this morning."

* Mr. J. A. SALDANHA :—" Sir, as to the remarks made by my hon. Friend from Trichinopoly that this resolution would cause unnecessary alarm, I may mention that before I left for Madras there was already an alarm in Mangalore about it. It was mentioned at more than one meeting of friends, and the alarm was so great that there was a regular movement in Mangalore to stop the use of chloroform as an anæsthetic and to resort to another method which is largely resorted to in some private institutions, viz., injection of cocaine. By the use of this injection, it is said that all operations have been very successful. But in the Government hospitals, somehow or other, chloroform is of much more use, and now we have to ask the question why if a private institution which is not run so expensively should use cocaine for safety, Government should not try it in the State hospitals.

" Sir, I think my hon. Friend Dr. Mallayya is rendering a real public service in raising this alarm in the Council itself, instead of a vague scare being created and allowed to spread in the whole of the Presidency. Here is an opportunity for the Government, for the hon. the Minister for Public Health and Medicine to clear any misunderstandings and to convince the people that the rumours floated are not well-founded. If they are founded on proper facts, then surely Government must take steps to remedy the matter. For so many years, deaths due to chloroform have not been heard of. I have myself not heard, either from Government or private institutions, of deaths occurring under chloroform during the period of the operation or soon afterwards as a result of the chloroforming methods. If such deaths occur in a big hospital like the General Hospital at the headquarters of the Madras Government, it must be due to some carelessness or negligence on the part of somebody, and the sooner these causes of negligence are removed the better. Steps should also be taken to resort to operations under chloroform to as few cases as possible. I think these remarks are quite sufficient to support the motion of my hon. Friend whose intention has been only to clear misunderstandings or to put the Government on the defence so as to clear all misunderstandings and take necessary steps to render any operation under chloroform as safe as possible."

* Dr. (Mrs.) S. MUTHULAKSHMI REDDI :—" I rise to support the suggestion that chloroforming should be done by specialists. I was under the impression till now that in our hospitals that work was done by specially trained graduates. I may point out, in this connexion, that chloroforming

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has developed into an art in Western countries, and it is done with great care by specially trained medical graduates.

"I have not seen in the London hospitals chloroform being administered by untrained and raw graduates. Before they are made to do that work, they undergo training under experts. From the reply given to the question this morning I find that there have been four deaths under chloroform in a year and three transfers of chloroformists also. In Western countries, the chloroformist is not asked to do any other work; he is given a special pay also. Also the idea of sending our medical graduates to Western countries to get training in the science of chloroforming is a very good one. We are sending graduates every year on deputation or otherwise to other countries for specialization in lung diseases, eye diseases, midwifery, etc. Of course, chloroforming also is a very important work, and it is high time that we should also think of sending some of our men to specialize in that science because the life of the patient is much more precious than any particular organ of his body, and we cannot any more be indifferent to this aspect of the question. With these words, I strongly support the suggestion that only specialists should hereafter be asked to do the work."

* The hon. Mr. S. MUTHIAH MUDALIYAR:—"Mr. President, Sir, the Government is thankful to the hon. Member for Madras for bringing this matter before this House. But at the same time, I must refute some of the charges which the hon. Member thought fit to make during the course of the debate. The first charge which I think I should mention, though not a very serious one, is that the Government refused to supply information to the hon. Member. The hon. Member told me day before yesterday that he wanted some case sheets, they were sent for yesterday, and they are here now. After telling me that he wanted them, he never applied to me again for them, and unfortunately I did not pursue him with the case sheets."

* Dr. B. S. MALLAYYA:—"Personal explanation, Sir. I called for them thrice. I went to his room once but could not find him. Also I called on his Council Secretary. He said 'I will bring it and give it to you.' I waited for him yesterday. Then I went to the Sub-Secretary of the section. I met the Chief Secretary too, and we had some conversation. But no case sheets were forthcoming."

* The hon. Mr. S. MUTHIAH MUDALIYAR:—"Anyhow, I was only saying that the Government were not unwilling to supply the information. Then, the hon. Member for Bellary was saying that the Government were bureaucratic. . . "

* The hon. the PRESIDENT:—"The hon. Member for Kurnool."

* The hon. Mr. S. MUTHIAH MUDALIYAR:—"I beg your pardon, Sir. The hon. Member for Kurnool was saying that the Government were bureaucratic and that they withheld information. Mr. President, this question was sent to the office, asking how many deaths there were under chloroform, and we gave the answer that during the years 1926 to 1928 there were four in each of the years. If the hon Member had given some inkling of the information which he was going to use during the course of the debate, I might have been more fully armed with the details on each of

those cases. But with the best of information available to Government, they are able to give some information as regards seven out of nine cases. With regard to the rest, we have not been able to trace the cases. Probably, the information given by the hon. Member with regard to them may be correct or may not be correct. We are not in a position to say anything on them. If those details have been furnished to us at least yesterday or the day before yesterday, I could give a categorical answer to every one of those cases.

"The first case which the hon. Member referred to was a case of throat and nose trouble, operated on by the Throat and Nose Specialist. I am told, Mr. President, it was a very bad case of cancer. The second case is one Mr. Natesa Ayyar; the third case is a Parsi gentleman. I have already said, Mr. President, that there were four deaths during the year under chloroform, so that which of the cases mentioned by the hon. Member come under that number and which of them do not I can't say. I was saying that the third case was a Parsi gentleman aged about 21, and on his death an inquest was held and declared that it was an accidental death. (Dr. B S. Mallayya: 'Where did he die?') I am willing to take it, in the absence of detailed information as regards the nature and seriousness of the case, that it was due to the administration of chloroform. I am only saying that of the nine cases narrated by my hon. Friend, we have information about seven cases. Then the fourth case was a case of glands in the neck, and the patient died. Then of the other five cases, I am in possession of information as regards three cases which took place on the 13th August, 14th August and a case subsequently. As regards the case on the 13th, the man was aged sixty, and the operation was for dilation of the stomach, which the patient insisted on being done, and it was only decided upon after warning the patient of the extra risk involved due to his age, and it was performed. I need not tell the hon. Members of this House, and especially to the Doctor who moved the resolution that an abdominal operation in a large number of cases is risky and is resorted to only where absolutely necessary. Now, Madras is becoming famous for these abdominal operations. (Mr. S. Satyamurti: 'Notorious.') (The hon. the President: 'Order, order.) Madras, Sir, has gained a reputation for efficiency of abdominal operations, and it has been admitted by the hon. Member for Madras himself. Persons from all parts of India, I am told, come to this place for this operation, and Madras has thereby acquired a reputation which is known all over India. People knowing the reputation of the Madras General Hospital in this respect come in, and even when they are told in some cases that the operation is rather risky they prefer to have an operation to the troubles and to the torture of the disease, and the surgeon has to take up the case. Well, in this particular case of the man aged 60, who died on the 13th August, it is not known whether the death was due to the application of the chloroform or the natural consequence of the weakness of the man owing to inability to stand the operation. I shall just read the information I have regarding the cases: '13th August. The patient died suddenly. A post mortem and inquest were held. In addition to the stomach condition for which operation was necessary he was found to be suffering from some degeneration of the heart, of the arteries and of the kidneys. The finding of the inquest was according to these facts.' (Dr. B. S. Mallayya: 'You are doing a damage to the Surgeon by reading that'.) That was on the 13th of August

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" Next, a patient aged 28 with a very large irreducible hernia for which an operation was absolutely necessary on account of the danger of early strangulation was another case. The patient died immediately after the operation had been successfully completed. An inquest and post mortem were held. It was found that this patient was suffering from a very rare condition known as status lymphaticus, characterized by the enlargement of the thymus and other glands. (Voices: Discovered after death?) The third case was that of a man aged 29 deeply jaundiced and suffering from a very advanced cancer. He came from Hyderabad with his friends in the hope of a cure by operation. The surgeon in charge of the case explained to the patient and his relations that the condition was a very serious one and the risks of operations were very great. It was only after he had been implored to perform an operation as the only hope of alleviating the patient's sufferings that the surgeon consented with the realization of his worst fears. These three patients were all cases of serious risks which had to be undertaken in the interests of the patients. 3-45 p.m.

" So, Mr. President, out of these seven cases the three cases referred to are not due to the administration of chloroform but to the seriousness of the disease itself, and the operations had to be performed as the patients implored even after warning."

Mr. G. Harisarvottama Rao:—" Is it the Minister's assertion ? "

*The hon. Mr. S. Muthiah Mudaliyar:—" Yes, in respect of the first four operations, though they were serious, we had thought it fit to admit that probably they were due to chloroform. About the other two cases, we are not in a position to state the facts. I may say that in gathering information as to deaths due to chloroform it is not possible to say the number exactly unless there was absolute negligence, and such cases were not before the Government. The hon. Member was referring, and I am glad he admitted, that three surgeons in charge of the operations in the General Hospital are efficient men, and there is nothing to say against them. But unfortunately he made a statement that these surgeons, eminent as they are and though they knew their duties perfectly well, leave it to anæsthetists without themselves going in in the initial stage of the operation "

* The hon. the President:—" He said that he was told like that. He did not take the responsibility."

* The hon. Mr. S. Muthiah Mudaliyar:—" It must be remembered that the surgeons are honourable members of the learned profession and they admit their responsibility and are not willing to shove it on junior people, the anæsthetists who play according to them only a secondary part. It is a necessary part of the operation, and the surgeons are prepared to take the responsibility for the death. They are not prepared to say that the anæsthetists who applied chloroform were inexperienced or were incompetent, and throw the whole blame on them. This, Mr. President, I submit, is an admission and a confession which ought to be accepted and when they are willing to risk their reputation one should be disposed to accept their statement. It may be that in certain cases deaths have occurred owing to the administration of chloroform. But, in considering these matters, I wish to draw the attention of the House to the various facts which may go to show that in cases where they may be avoided they may be avoided and that in certain cases in spite of all possible care that human agency can take death

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under chloroform is not altogether avoidable. The hon. Member for Madras says that during the 18 years that he has been in the General Hospital he heard of only one case of death under chloroform. But may I ask the hon. Member to consider the nature of the operations that were made during that period and now? (Cries of 'Oh, Oh!') I need not tell hon. Members of this House that resorting to operation for various diseases which were not thought of as curable by operation have become very popular, owing to the great advance in surgical science. Abdominal operation was a thing I am told which was very rare ten or fifteen years ago but they are resorting to it very freely to-day. (A voice: Are all of them abdominal?) The number of these operations has increased very largely and the total number of operations in the hospital has nearly doubled during the period 1915–1927. The number of deaths from operation will to a certain extent depend upon the number of operations performed. In 1927 the number of operations performed was 1,900. When there were 1,900 operations, accidents have unfortunately occurred in the case of four. It is regrettable, but what further steps can be taken to make it avoidable? I assure the House that Government will not be lacking in making all possible efforts to remedy the evil. This matter has been under the consideration of the Government in consultation with the Principal of Vizagapatam College and the Superintendent of the General Hospital, for some time. It has been said that in Western countries chloroform is administered by very experienced people and that young people are not allowed to administer chloroform. I take it that I am to a certain extent relying upon the knowledge and opinion which is placed before us by the Surgeon-General who has been admitted to be an able head and who has been house surgeon in one of the best hospitals in England. He says that there is a lecturer in anæsthetics who is the chief man in the line but in the actual operation except in serious cases chloroform is administered only by house surgeons, and Lieut-Col. Bradfield just now told me that as a young house surgeon he was applying chloroform there. He did not cause death. (Voices: 'Probably he was a clever young man.' 'That is exceptional.') If hon. Members of this House are willing to say that the young Indians who have undergone their course in the Medical College are not as intelligent as Mr. Bradfield admits them to be, then I have no answer. We are training students from the Medical College as surgeons. Certificates have been issued to them that they are fit to administer chloroform. They are students from the Medical College, and they have come to learn it. Do not hon. Members think that it is the duty of the teaching establishment of this Government to give them what is called practical training in the administration ot chloroform when that is prescribed as a subject? I admit that in serious cases one should not resort to them. In such cases, the senior man will take great care. But to say that in no case should chloroform be administered by young men is denying altogether proper medical education. It is saying something that does not obtain in any part of the world. In England and America there is an anæsthetist who is an expert, and there are a number of people under him. It is only in very few cases, cases which are considered to be serious, that he comes in. To say that in every case it should be administered by a specialist is a thing, I am told, which never obtains in any part of the world"

* Dr. (Mrs.) S. MUTHULAKSHMI REDDI:—"In those cases it will be done under the supervision of the anæsthetist, and the student himself will not be

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left alone, and the specialist will be guiding, directing and teaching him. This is what I have observed in other countries and I felt bound to bring it to the notice of the House. (Voices addressing the Minister : 'Learn, learn.')"

* The hon. Mr. S. MUTHIAH MUDALIYAR :—" Dr. Muthulakshmi has told us that in the hospitals she visited during the time of her visit the administration was made under the direction of the expert. Nobody denies that people are doing it under the guidance of the expert. But there are occasions also when under the direction of the surgeon himself, experienced surgeons as they are, and under their control the junior men administer chloroform. If the hon Member Dr. Muthulakshmi has told us that in every hospital in England and America there are as many expert anæsthetists as there are operation theatres and every one of them attends during each operation, then one may be prepared to accept that statement as correct. I do not say she is wrong. During the time of her visit, it may be there were experts administering chloroform. But does she say that in every one of the hospitals there are as many expert anæsthetists as there are operation theatres? In the General Hospital, there are three operation theatres and there is a senior man who is a Professor in Anæsthetic and guides the other people and attends himself in special cases. To assume that these three expert surgeons will have these operations performed risking their reputation . . ."

Mr. C. S. GOVINDARAJA MUDALIYAR :—" The risk of life is greater than the risk of reputation."

* The hon. Mr. S. MUTHIAH MUDALIYAR :—" Mr. President, the position is this. The hon. Member from Madras was saying that frequent transfers of anæsthetists have been made and that they are very junior men. There is one Mr. Francis, who is an Assistant Professor of Surgery, whose service is 11 years."

* Dr. B. S. MALLAYYA :—" Where is he? When was he brought to the hospital?"

* The hon. Mr. S. MUTHIAH MUDALIYAR :—" He was brought here six months ago. (A voice : 'O, Lord'.) Then the other two people I already mentioned have been doing their duty as anæsthetists I believe for the last two years. They have been there as house surgeons for two years. Probably Dr. Mallayya may be correct in saying that men without ten years' experience ought not to be allowed to do this work. That is a proposition for medical men to consider and examine. If that is accepted, I do not know what remedy the hon Doctor will suggest for the practical education of young men. According to the Surgeon-General, they are well qualified for it. I submit that hon. Members must be charitable enough not to blame any people who have done their business and who will become useful servants of the public.

" Then, Sir, the hon. Member from Madras said that an inferior quality of chloroform was being used. I am in a position to say that that matter has been carefully examined by the people concerned, and they have been satisfied that the chloroform now used is quite up to the mark. If the hon. Member shows by any data or information that the stuff that is now used is unfit for use in such a hospital, then the Government will not be averse to change the stuff. 4 p.m.

"He also said that these anæsthetists should be kept on on this work without being transferred often. But these gentlemen do not wish to continue in this occupation for a long time. I am told that it is not a very desirable occupation. If they are to be administering chloroform all through, they will lose touch with other branches of medicine and surgery, and I am told—I am not a medical man myself—that not only in this country but also in England and other countries no one likes to be an anæsthetist for life. This occupation is a very dull and unpopular one among the medical men. They not merely forget their knowledge of other branches of medicine or surgery, but by their gradual and slow and continued inhalation of the gas for a long time, say, for four or five years, their health also is affected. Probably that is one of the reasons why this occupation is unpopular. In England, there are good anæsthetists in Harley street, but they make some money in two or three years and then they get tired of the job.

"I have given all these facts, and I believe they are correct, and if I am wrong, I believe the hon. Member for Madras will correct me, for I myself want more information. If any suggestions are made by which mortality due to the application of chloroform can be reduced, Government will be glad to jump at them and try to reduce the mortality. Government are having these hopitals not to kill people but to cure diseases. And if in the discharge of their duty accidents do happen, and if any means by which these accidents may be reduced are suggested, no one will be more anxious than the Government to adopt them."

Mr. K. R. KARANT :—"Mr. President, I have heard with great pain the speech of the hon. Minister. He said that he was not a medical man himself. At the same time he said that in England and America even inexperienced people were administering chloroform. May I just tell him that if in England and America things go on in this way and nine deaths occur in one year due to chloroform, the Ministers there will have to lay down their offices and cannot afford to go on flouting the opinion of the people as the hon. Minister has been doing to-day ? Sir, a few questions asked about the Savidge case resulted in the appointment of a Royal Commission in a few days. But here in a case of nine deaths in the course of one year, in spite of an adjournment motion on the subject, the hon Minister is not able to answer satisfactorily the points raised. He is not able to account for two ; with regard to three, he gave some excuse ; and he admits in regard to four. Such a state of things should not happen in any other country except this unfortunate country, where Ministers owe no responsibility either to the public or to the House which sends them. It has been said that from 1900 to 1925 there were practically no deaths at all, while in 1926–27 there were four deaths and recently there have been nine deaths. And various suggestions have been put forward by the hon. Mover himself and various other Members including the hon. Deputy President of the Council who belongs herself to the profession and yet the hon. Minister says, "Give me more views, they will be examined," and so on. I do not understand, Sir, what he exactly means. It is very pitiable that one in the position of the hon. Minister should be asking for information like this. I think, he owes it to himself and to the public to put an end to this scare which is already seriously spreading. I hope he will take steps to see that a committee is appointed to go into the question

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and seo who is responsible. I am only sorry that a responsible Minister, when a motion like this is going on in this House, should treat the House with contempt; otherwise he would not go out of the House as he has done now."

Mr. K. V. R. SWAMI :—"I move, Sir, that the question be now put."

Mr. ABDUL HAMID KHAN :—" I second it."

The closure motion was put and carried.

* The hon. the PRESIDENT :—" The question is that the business of the Council be adjourned."

The question was put to the House and declared carried. A poll was demanded and the House divided thus :—

Ayes.

1. Mr. Sami Venkatachalam Chetti.
2. ,, S. Satyamurti.
3. ,, C. V. Venkataramana Ayyangar.
4. ,, T. Adinarayana Chettiyar.
5. ,, P. Anjaneyulu.
6. ,, P. C. Venkatapati Raju.
7. ,, J. A. Saldanha.
8. ,, Abdul Hamid Khan.
9. ,, C. S. Govindaraja Mudaliyar.
10. ,, G. Harisarvottama Rao.
11. ,, C. N. Muthuranga Mudaliyar.
12. ,, K. V. R. Swami.
13. ,, Muhammad Meera Ravuttar
14. ,, D. Narayana Raju.
15. ,, B. S. Mallayya.
16. ,, K. Uppi Sahib.
17. ,, K. R. Karant.
18. ,, M. Narayana Rao.
19. ,, C. Obi Reddi.
20. ,, A. Parasurama Rao.
21. ,, C. Ramasomayajulu.
22. ,, Basheer Ahmad Sayeed.
23. ,, P. Bhaktavatsulu Nayudu.
24. Sriman Biswanath Das Mahasayo.
25. Mr. A. Kaleswara Rao.
26. ,, R. Srinivasa Ayyangar
27. ,, K. Koti Reddi.
28. ,, L. K. Tulasiram.
29. ,, C. Marudavanam Pillai.
30. ,, K. V. Krishnaswami Nayakar.
31. ,, K. Madhavan Nayar.
32. ,, C. Venkatarangam Nayudu.
33. ,, K. S. Sivasubrahmanya Ayyar.
34. ,, A. Ranganatha Mudaliyar.
35. Diwan Bahadur R. N. Arogyaswami Mudaliyar.
36. Mr. Ramanath Goenka.
37. ,, R. Nagan Gowda.
38. The Zamindar of Gollapalli.
39. Mr. P. Siva Rao.
40. ,, K. Chavadi Subramania Pillai.
41. ,, K. P. Raman Menon.
42. ,, K. R. Venkatarama Ayyar.
43. Rao Sahib R. Srinivasan.
44. Swami A. S. Sahajanandam.

Noes.

1. The hon. Sir Norman Marjoribanks.
2. ,, Sir Muhammad Usman Sahib Bahadur.
3. ,, Mr. T. E. Moir.
4. ,, Diwan Bahadur M. Krishnan Nayar.
5. ,, Dr. P. Subbarayan.
6. ,, Mr. S. Muthiah Mudaliyar.
7. ,, Mr. M. R. Seturatnam Ayyar.
8. Rao Bahadur C. V. Anantakrishna Ayyar.
9. Mr. C. B. Cotterell.
10. ,, C. A. Souter.
11. ,, S. H. Slater.
12. ,, A. McG. C. Tampoe.
13. ,, C. W. E. Cotton.
14. ,, M. A. Manikkavelu Nayakar.
15. ,, A. B. Shetty.
16. ,, J. Bheemayya.
17. ,, R. Foulkes.
18. ,, Muppil Nayar of Kavalappara.
19. ,, J. Kuppuswami.
20. Subadar-Major S. A. Nanjappa Bahadur.
21. Mr. K. Krishnan.
22. ,, S. Venkayya.
23. ,, Syed Ibrahim Sahib.
24. ,, S. N. Dorai Raja.
25. ,, S. Arpudaswami Udayar.
26. The Zamindar of Kallikotta.
27. Mr. K. Ramachandra Padayachi.
28. Khan Bahadur P. Khalif-ullah Sahib.
29. Mr. G. R. Premayya.
30. ,, V. Ramjee Rao.
31. The Raja of Panagal.
32. Sir A. P. Patro.
33. Mr. T. K. Chidambaranatha Mudaliyar.
34. Khan Bahadur S. K. Abdul Razack Sahib Bahadur.
35. Muhammad Kadir Mohidin Sahib Bahadur.
36. Diwan Bahadur S Kumaraswami Reddiyar.
37. Mr. T. M. Moidoo Sahib
38. Rao Bahadur K. Sitarama Reddi.
39. Diwan Bahadur A. M. M. Murugappa Chettiyar.

Neutral.

1. Dr. (Mrs.) S. Muthulakshmi Reddi.
2. Rao Sahib L. C. Guruswami.
3. Mr. V. I. Muniswami Pillai.
4. Mr. B. Ramachandra Reddi.
5. Kumara Raja of Venkatagiri.

Ayes 44. Noes 39. Natural 5.

The motion was carried. (Cries of "Resign, resign" from the Congress benches.)

RESOLUTIONS ON MATTERS OF GENERAL PUBLIC INTEREST—*cont.*

SUPPLY OF WATER-HOSES, TEAR-BOMBS, ETC., TO THE POLICE.

* The hon. the PRESIDENT :—"The Council will now resume discussion of motions on matters of general public interest."

4-15 p.m. * Rajkumar S. N. DORAI RAJA :—"Mr. President, Sir: I beg to move the following resolution, viz.—

'*This Council recommends to the Government that they be pleased to supply the police with water-hoses, tear-bombs and similar other contrivances for reducing to a minimum the chances of opening fire on riotous and unruly mobs.*'

"I am of opinion that this resolution is as necessary as it is reasonable, and I am fortified in this opinion by appreciating references that appeared in some of the daily papers here and in other parts of India about this resolution. It is true that the Government is responsible for the preservation of law and order, and it is equally true that a model citizen should be peaceful and law-abiding. Man is a creature of impulses and moods. When swayed either by excessive passion, enthusiasm or zeal, he is apt to lose his mental balance in consequence of which he inevitably comes in collision with forces of law and order. It is equally true that the guardians of peace, i.e., the police, being men are apt to lose their mental balance when confronted with critical and dangerous situations. In this connexion, Mr. President, let me say that tact, courage and patience hitherto exhibited by some of our high police officers, both European and Indian, when confronted with such dangerous and critical situations were not only commendable but also commended our approval and appreciation. Individually, Mr. President, an Indian is as peaceful a citizen as any nation can have but unfortunately an Indian mob when excited can be as dangerous as any in this world. To employ sufficient force to control an unruly mob is no doubt the duty of the Government, and the weapons hitherto employed to quell this sort of disturbances were the rifle and the bayonet. The State has a duty to protect its peaceful citizens from riotous mobs; but, Sir, the remedy may not be and should not be worse than the disease it tries to cure. Water-hoses and tear-bombs that are used with success on such mobs which are composed of more dangerous elements in some civilized countries may be and shall be tried here. If they are used with circumspection and caution they ought to serve us here equally well. Only the other day I read in the papers in one of the countries, the name of which I forget, that an unruly and dangerous mob was not only controlled but dispersed by the use of tear-bombs. They came to do mischief but went away laughing. At the worst of time, even when it is inevitable, it is not a pleasant or sporting job to pour bullets into the thick of these unruly and riotous people even as an answer to 'brick-bats.' It is only fair, Mr. President, that the police should be given more chances to desist from firing, and these riotous and unruly people should be given more